

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A97000000443**

1. Entity Name

LI FAMILY HOLDINGS, LTD., LLP



**FILED**

2004 FEB 20 PM 3:38

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business

8001 SAILBOAT KEY, UNIT 404  
SOUTH PASADENA FL 33707

Mailing Address

8001 SAILBOAT KEY, UNIT 404  
SOUTH PASADENA FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3256800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LI, CHOU H  
8001 SAILBOAT KEY, UNIT 404  
SOUTH PASADENA FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$20,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LI, CHOU H	8001 SAILBOAT KEY, UNIT 404	SOUTH PASADENA FL 33707

STREET ADDRESS	CITY-ST-ZIP
	200030064652 03/09/04--01026--011 **228.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Chou H Li*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*FEB 16, 2004*  
Date

*727-360-1043*  
Daytime Phone #

STAPLE CHECK HERE